

# CENTRAL WYOMING OUTPATIENT SURGERY CENTER

## Gynecology Procedures Delineation of Privileges

*Applicant should mark an "X" in the "Requested" column corresponding to the clinical privilege requested.*

Requested	Procedure	Approved	Denied
	Appendectomy		
	Biopsy of Ovary		
	Biopsy of Perineum		
	Cervical Biopsy		
	Cervical Cerclage		
	Cervical Conization		
	Colposcopy		
	Colpotomy		
	Condyloma acuminata removal		
	Culdocentesis		
	Colpotomy		
	Cystocele Repair		
	Cyst Excision		
	Destruction of Condylomata		
	Dilation and Curettage--with or without suction		
	Drainage Pelvic Abscess		
	Endometrial Ablation with/without Hysteroscopy		
	Endometrial Biopsy		
	Exam under Anesthesia		
	Excision Bartholin's Gland or Cyst		
	Excision Cervical Stump		
	Excision of Lesion--vulva, vagina, or perineum		
	Fistulectomy		
	Hymenectomy/Hymenotomy		
	Hysteroscopy		
	Hysteroscopy with Endometrial Ablation, any method		
	Hysterosalpingogram		
	Incision and Drainage		
	IUD Removal		
	Laparoscopy--Diagnostic or Tubal		
	Laparoscopy--BSO, lysis of adhesions		

# CENTRAL WYOMING OUTPATIENT SURGERY CENTER

## Gynecology Procedures Delineation of Privileges

*Applicant should mark an "X" in the "Requested" column corresponding to the clinical privilege requested.*

Requested	Procedure	Approved	Denied
	LAVH (Laparoscopic Assisted Vaginal Hysterectomy)		
	Ligation or Transection of Fallopian Tubes--any method		
	Lysis of Adhesions		
	Marsupialization of Bartholin's Gland or Cyst		
	Mini Laparotomy		
	Oophorectomy		
	Polypectomy		
	Rectocele Repair		
	Salpingectomy		
	Tubal ligation, fulguration		
	Vaginal Biopsy		
	Vaginal or Uterine Packing		
	Vaginal Stenosis/Release		
	Vaginal Suturing		
	Vaginal Web Excision		
	Vaginoplasty		
	Vulvar biopsy		
	Other Procedures (please list):		

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Director Signature

\_\_\_\_\_  
Date

# ***Central Wyoming Outpatient Surgery Center***

## **MEDICARE ATTESTATION ACKNOWLEDGEMENT STATEMENT NOTICE TO PHYSICIANS**

“Medicare payment to Ambulatory Surgery Centers is based on each patient’s procedures performed, as attested to by the patient’s attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies, or conceals funds, may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.”

I, \_\_\_\_\_, the undersigned, acknowledge having received the above notice.  
(print or type name)

\_\_\_\_\_  
(legal signature)

\_\_\_\_\_  
(date)

(Legal signature means that which you would normally use on documents such as a Will, checks, etc. Initials are not acceptable.)